

FEDERAL PROJECT REVIEW FORM

INSTRUCTIONS:

The FPR is used by state agencies to provide the Office of State Budget (OSB) with the programmatic and financial information on each federal project to be included as anticipated revenue in the agency's Detail Budget. The submission and review of these projects is conducted in accordance with the provisions of Title 2, Chapter 65 of the SC Code of Laws, 1976 as amended.

A separate form for each federal project should be used. You may find the form on our website at <http://www.budget.sc.gov/OSB-grant-services.phtm>.

SECTION A:

GENERAL INFORMATION

Fiscal Year

Enter 2007 – 2008.

1. Agency:

Name of State agency receiving the federal funding.

2. Project No.:

Use the most recently issued STARS project number assigned by OSB following notification of the project award. Contact OSB if no project number has been assigned.

3. Project Award Amount:

Enter the total amount of federal funding for the project.

If not receiving any federal funding, check and return to OSB.

4. Organizational Unit:

Enter the agency's organizational unit responsible for the administration of the federal project.

5. Project Title:

Enter a brief title for the project as shown on the Detail Revenue Statement from the agency's Detail Budget.

6. Type of Assistance:

Check the appropriate box:

Formula Grant:

Allocation to the agency, based on a distribution formula (i.e., demographic data) prescribed by law or regulation, for activities of a continuing nature.

Block Grant:

Formula grants designated as a block grant at the Federal level, generally characterized by the transfer of responsibility to the State and increased flexibility in the use of the funds.

Fee for Service
Reimbursement:

Contractual agreement in which a pre-established amount is received for providing a specific unit of service.

Project Grant
Funding Cycle:

Funding for a specific project or delivery of specific services for a fixed period of time, generally characterized by a competitive application process.

Year x of x

Current year of multi-year project where funding may be reasonably expected to continue (i.e., Year 1 of 3).

Other:

Use only if none of the above is applicable. Identify specific type of assistance.

7. Federal Grantor Agency: Enter name of the federal agency which originated the funds for the project.
8. CFDA Number: Enter the current identifying number from the Catalog of Federal Domestic Assistance. If unknown, contact your funding source for assistance.
9. State Grantor Agency: If the funds are received directly from another state agency, enter the name of the agency.
10. Project Period: Beginning and ending dates of annual federal funding cycle for the project.
11. Project Contact: Enter name and phone number of person capable of answering questions on the programmatic details of the project.
12. Budget Contact: Enter name and phone number of person capable of answering questions on the budgetary details of the project.

SECTION B:

PROJECT INFORMATION

1. Project Description: Attach a brief description of the project to include:
- a) Description of services
 - b) Description of service providers and in what setting
 - c) Estimated number of clients to be served during State fiscal year
 - d) Areas of State where the services are directly provided. If not statewide, identify specific subdivisions affected (i.e., county, school district, planning district, health district, etc.)
 - e) List three to five (3-5) objectives of the projects' quantifiable intended accomplishments.
- 2-3. Self-explanatory
4. State Plan: If yes, enter the title and time period covered by the plan.

SECTION C:

FISCAL IMPACT ON STATE

1. Budget Plan: Attach copies of requests in which the need for additional State funds is directly related to the federal project (i.e., the result of a change in federal funding or program requirements, or where additional State funds are needed to generate federal increases).
- 2-4. Self-explanatory

SECTION D:

FUNDING INFORMATION

All amounts in Section D 1 should reflect the funding level the agency intends to operate the project during the State fiscal year.

1. Source of Funds
- a) Total: Enter sum of (b), (c), and (d). This total should equal the sum of Project Total (Section E) and Indirect Cost (Section D 4.)

b) Federal: Enter amount of federal project funds budgeted by the agency during the State fiscal year.

Phase codes: Enter the two (2) digit phase code for the federal funding fiscal year for which the federal grant or contract is awarded and funds to be included in the project.

NOTE: For items 1(c) and (d), cash match is defined as any state or other funds included by the state agency as a part of its detail budget, and obligated to match a federal project.

c) State Cash Match: Enter the estimated amount of General Fund revenue budgeted by the agency during the State fiscal year as match for the federal project. This amount should represent the equivalent of the State's commitment to the federal agency.

d) Other Cash Match: Enter the estimated amount of other funds (non-federal; non-General Fund) budgeted during the State fiscal year as match for the federal project. If other cash match is entered, identify the specific revenue source.

e) In-Kind: In-kind is defined as the value of non-cash contributions provided by the agency (i.e., volunteer time and effort; use of space or equipment). Complete only if in-kind is identified on the application to the federal grantor agency as a project match. Describe in specific detail the type of in-kind contribution being claimed.

2. Total Anticipated Grant Award:

Enter the total amount of the grant award that the agency expects to receive for the project at any time during the state fiscal year. This amount should not be adjusted to reflect the total expenditures during the fiscal year, but should be the anticipated amount of the award based on the federal funding cycle. **Also include any carry forward funds from previous fiscal year.**

3. Effort/Cost Sharing Requirement:

Briefly state requirement(s) and cite governing federal law and/or regulation.

4. Indirect Cost:

Enter the total amount of indirect cost to be charged to the project for remittance to the General Fund during the state fiscal year. Enter applicable rate and identify base to which the rate is applied. Do not include this amount in Section E.

SECTION E: BUDGET INFORMATION

The intent of the budget section is to identify the total project funding distribution listed in Section D (excluding in-kind and indirect costs) across various agency programs on a state fiscal year basis. The program(s) should correspond to those identified on the agency's program chart in the detail budget. If project funds are budgeted in more than one program, attach additional sheets. The budget categories (column (A), lines 1-6) correspond to the major budget categories as defined in the Budget Preparation Manual.

Program:

For each program in which project funds will be used, identify the program by name and program number, and enter the amount of funds by source (Federal, State, Other) to be budgeted during the state fiscal year.

1. Personal Services: If funding is entered in the Personal Service budget category, enter the total number of FTE's, TGE's/Time-Limited, or Temporary positions in the corresponding column.
- 2-4. For each program, enter the total for each budget category in column (E).
5. Special Items: List each special item separately.
6. Employer Contributions: The employer contributions section **must be completed** for any project that has funds listed in the Personal Service budget category. Employer contributions may include any anticipated pay adjustments (merit, COLA, etc.)
7. Program Total: For each program, enter total for all source of funds (Federal, State, or Other). This is the sum of lines 1-6.
- Project Total: Enter the sum of **all program totals** (line 7). This amount should agree with the amount shown in Section D 2, when the Federal funds total and Indirect Cost to be remitted to the General Fund (Section D 4) if applicable, are added.